



LDH/OBH COORDINATED CRISIS SYSTEM - IMPLEMENTATION PLAN UPDATE



June 24, 2021

AGENDA

- Overview
- Implementation Schedule
- Review of Crisis System
 - Vision
 - Services
- Next Steps
- LSU Center for Evidence to Practice

OBH CRISIS SYSTEM - OVERVIEW

For the last 2 years, OBH worked with partners in Medicaid and national experts to develop a comprehensive crisis system of care that:

1. Meets the needs of adults with Serious Mental Illness in Louisiana,
2. Is congruent with national best practices, and
3. Ensures Louisiana's compliance with its Agreement with the federal Department of Justice

In order to achieve these goals, OBH has:

- Conducted an **analysis of the existing crisis service array/network and explored national best practices**
- Developed a **Crisis Vision and Framework**
<https://ldh.la.gov/assets/docs/MyChoice/CrisisFramework.pdf>
- **Requested and received funding for a phased in implementation of services beginning in 2022**

OBH CRISIS SYSTEM – IMPLEMENTATION SCHEDULE

- January, 2022
 - Mobile Crisis Intervention (MCI)
 - Community Brief Crisis Support (CBCS)
- April, 2022
 - Behavioral Health Urgent Care (BHUC) Centers
- July, 2022
 - Crisis Stabilization (CS) – Adults (*Note: funding will be requested for SFY23*)

This schedule reflects a soft launch of services as many aspects of system are still being built

OBH VISION FOR CRISIS SYSTEM

OBH has worked to finalize the **service design** associated with crisis system of care that is **modern, innovative** and **coordinated**. The vision is that the system:

- Values and **incorporates “lived experience”** in designing a crisis system and in crisis service delivery and is **built on principles of recovery and resiliency using person-centered processes**;
- Encompasses a **continuum** of services that includes **crisis prevention, acute intervention** and post-crisis **recovery services and supports**;
- Provides interventions to **divert individuals from institutional levels of care** including inpatient placements, emergency departments utilization, nursing facilities and other out of home settings;
- Provides **timely access to a range of acute crisis responses**, including locally available **home and community-based** services and **mobile crisis response**; and
- Results in a crisis continuum that **includes and respects a bed based crisis service but does not rely on that level** as the foundation of the crisis continuum.

COMMUNITY SUPPORT SERVICES - CRISIS SERVICES

This service design for the crisis system includes the following services:

- **Mobile Crisis Intervention (MCI)**
- **Behavioral Health Urgent Care (BHUC) Centers***
- **Community Brief Crisis Support (CBCS)**
- **Crisis Stabilization (CS)**

Services will be available in this initial implementation for **adults (21 and older) with Medicaid.**

All services will be voluntary.

***OBH is actively working to rename this service**

MOBILE CRISIS INTERVENTION (MCI) - OVERVIEW

MCI services are an **initial or emergent crisis response** intended to provide **relief, resolution** and **intervention** through crisis supports and services during the first phase of a crisis in the community. MCI is:

- A **community-based, mobile crisis** response service
- A **face-to-face, time-limited** service
- Available **twenty-four (24) hours a day, seven (7) days a week**
- Available as an **initial intervention** for **up to 72 hours**, until either the **individual experiences relief/resolution** to the crisis **or they are linked to an alternate service** necessary to meet their needs including medical care, a community based behavioral health provider, inpatient psychiatric hospitalization or another crisis service
- Inclusive of **maximum one (1) hour urban** and **two (2) hours rural face-to-face/onsite response times**

COMMUNITY BRIEF CRISIS SUPPORT (CBCS) - OVERVIEW

CBCS services are an **ongoing crisis intervention response** rendered for **up to fifteen (15) days** and designed to provide **relief, resolution and intervention** through **supporting the member to remain at home / in the community**, de-escalating behavioral health needs, referring for treatment needs, and coordinating with local providers. CBCS is:

- A **community-based** service
- Available **twenty-four (24) hours a day, seven (7) days a week.**
- A **face-to-face, time-limited service**
- A service that **provides follow up subsequent to the initial crisis mitigation as needed**, ensuring **ongoing stability** for those individuals who had received services through a MCI, a BHUC Center, or a CS provider
 - This includes Coordinating with the member's Managed Care Organization (MCO) to link the member with no current behavioral health provider and/or primary medical care provider to outpatient services as indicated and includes the transfer to alternate levels of care when warranted

BEHAVIORAL HEALTH URGENT CARE (BHUC) CENTERS - OVERVIEW

BHUC Centers are **facility based services** that operates **twenty-four (24) hours a day, seven (7) days a week**, as a **walk-in center** providing **short-term behavioral health crisis intervention**, offering a community based **voluntary** home-like alternative to more restrictive settings. BHUC Centers are:

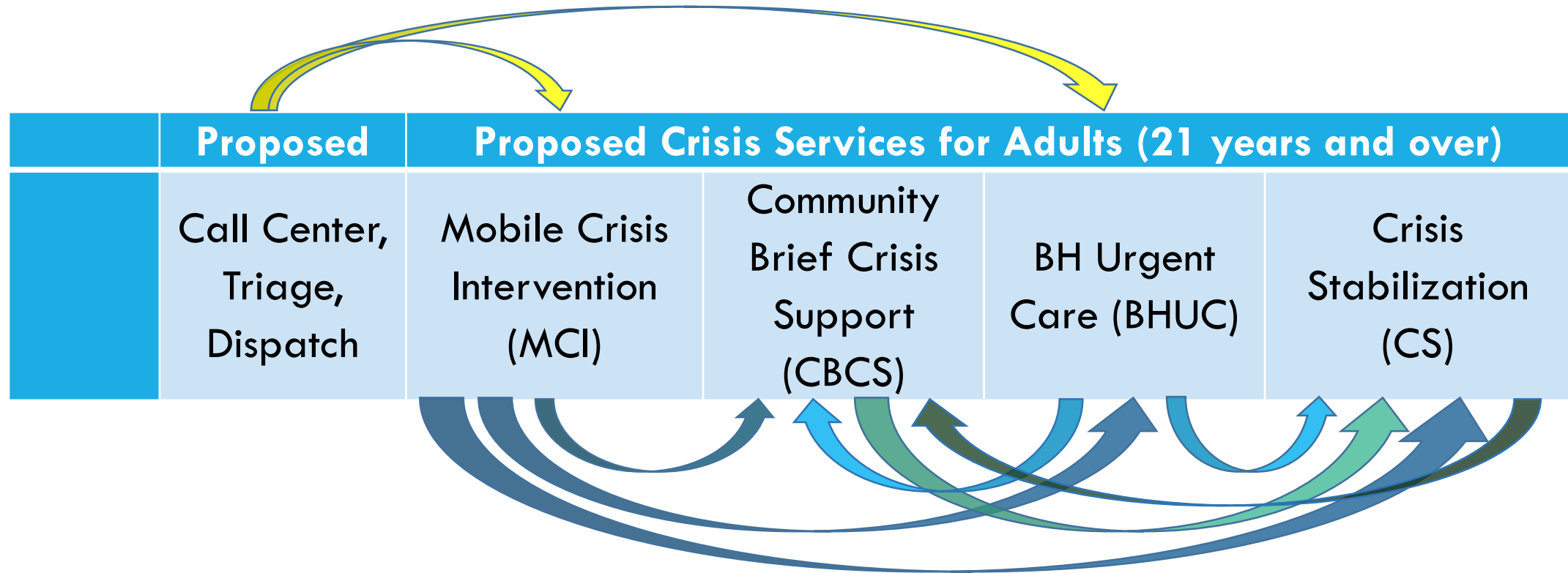
- An **initial or emergent psychiatric crisis intervention** response intended to provide **relief, resolution and intervention** through crisis supports and services during the first phase of a crisis for adults
- Designed to offer **recovery oriented and time limited services up to twenty-three (23) hours per intervention**, generally addressing a single episode that enables a member to return home with community-based services for support or be transitioned to a higher level of care as appropriate if the crisis is unable to be resolved
 - **Follow up services** are available as an initial intervention for **up to 72 hours** until either the individual experiences **relief/resolution** to the crisis **or** they are **linked to an alternate service** necessary to meet their needs
- **Driven by the member** and include **resolution focused** treatment, **peer support, safety planning, service planning, care coordination** designed to **de-escalate the crisis**. Strategies are developed for the member to use after the current crisis to mitigate risk of future incidents until the member engages in alternative services, if appropriate

CRISIS STABILIZATION (CS) - OVERVIEW

CS services are **short-term bed-based crisis treatment and support** services for members who have received a lower level of crisis services and are **at risk of hospitalization or institutionalization**, including nursing home placement. CS is:

- Provided in an **organized bed-based non-medical setting**, delivered by appropriately trained staff that provide safe **24-hour crisis relieving/resolving intervention and support, medication management, observation and care coordination** in a supervised environment where the member is served
- Designed to **prevent or ameliorate a psychiatric crisis** and/or **reduce acute symptoms** of mental illness and to provide crisis relief, resolution, and intensive supportive resources for **adults who need 24/7 support**
- Utilized when additional crisis intervention and supports are necessary to stabilize the crisis and **ensure community tenure** in instances **in which more intensive inpatient psychiatric care is not warranted** or when the member's needs are better met at this level
- Coordinates contact through a **warm handoff** with the member's Managed Care Organization to link members with no current behavioral health provider and/or primary medical care provider to outpatient services as indicated
- Able to provide **follow up** to the member and authorized member's caretaker and/or family **up to 72 hours post discharge** to ensure continued stability post crisis for those not accessing CBCS or higher levels of care

REFERRAL FLOW



Note: Some of the flow may change as the services and system continues to be operationalized

NEXT STEPS

OBH is:

- Continuing to explore **options related to the call center, triage, and dispatch functions** associated with and critical to the crisis system, operationalizing a plan for implementation
- Continuing to explore the **integration with the upcoming 988 system**
- Working with **MCOs on implementation activities** and **consultants to develop rates**
- Working with **consultants to outline training and network development requirements**
- Developing a **website and communication plan**, including a schedule of **regular presentations to update the system on implementation activities**
- **Development of FAQs** based on questions received during presentations

WHAT IS 988?

A **direct three-digit line to trained National Suicide Prevention Lifeline counselors** will open the door for millions of Americans to seek help they need, while sending the message to the country that **healing, hope, and help are happening every day**

In 2020, the Lifeline received over 2.6 million calls, chats, and texts; with an easy to remember and dial number like 988, the Lifeline hopes to reach many more people in emotional crisis

A 988 crisis line that is effectively resourced and promoted will:

- **Connect** a person in a mental health crisis **to a trained counselor** who can **address** their **immediate needs** and help **connect** them **to** ongoing **care**
- **Reduce healthcare spending** with more cost-effective early intervention
- **Reduce use of law enforcement, public health, and other safety resources**
- **Meet the growing need for crisis intervention** at scale
- **Help end stigma** toward those seeking or accessing mental healthcare

When you've got a police, fire or rescue emergency, you call 911

When you have an urgent mental health need, you'll call 988



TRAINING AND NETWORK DEVELOPMENT

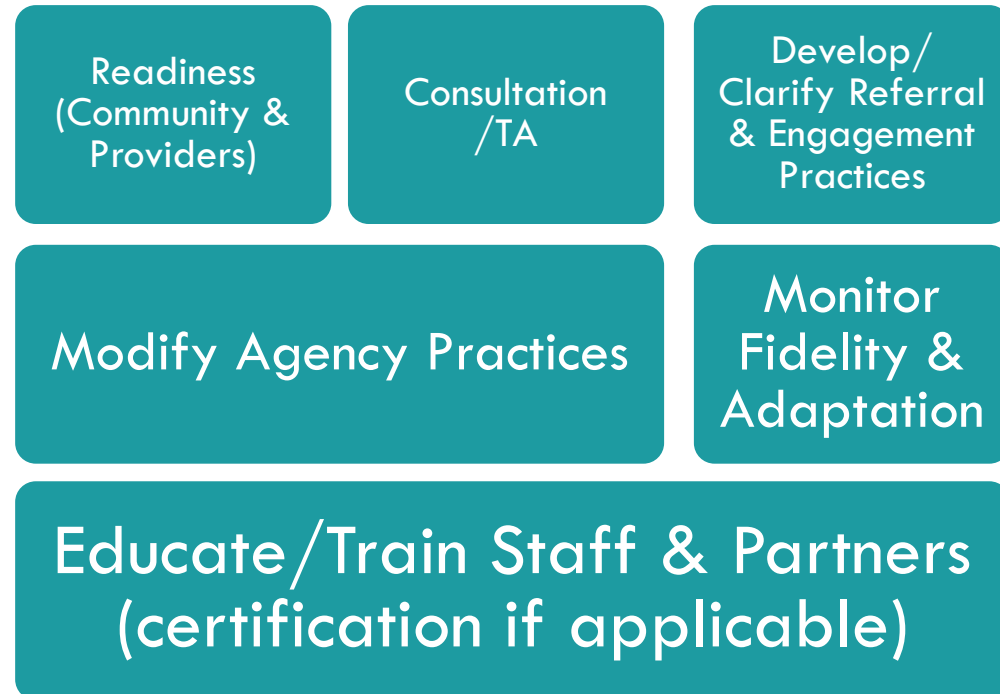


OBH is working with Louisiana State University Health Science Center – New Orleans (LSUHSC-NO) School of Public Health, Center for Evidence to Practice to:

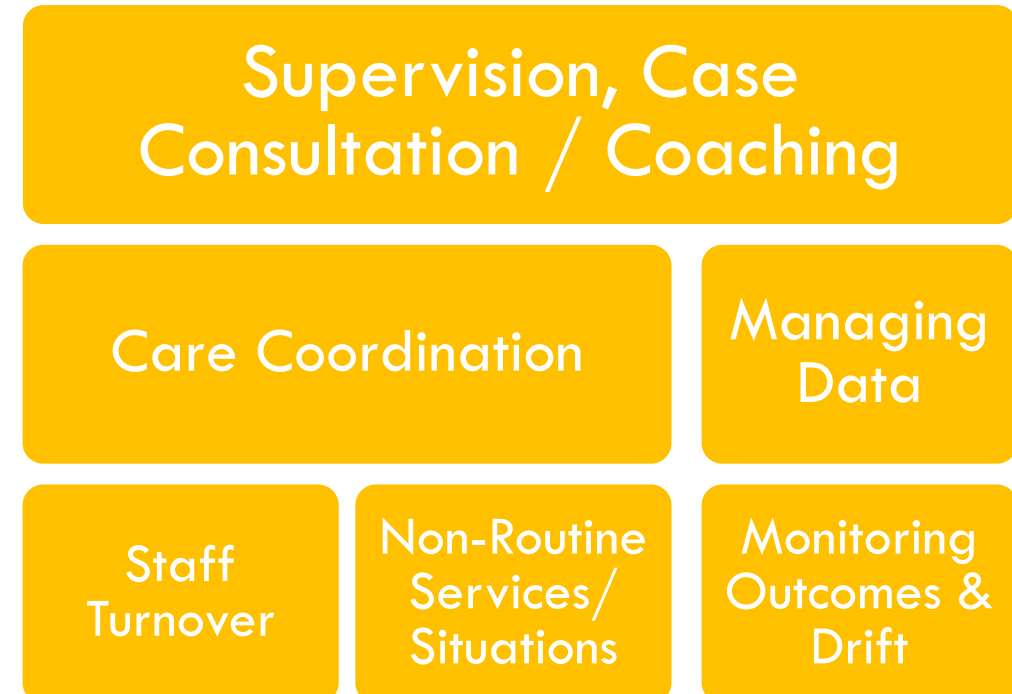
- **Collaborate with communities** throughout Louisiana, developing a **readiness process for implementation** of these crisis services
- Develop a **training curriculum for crisis providers**
- Identify workforce and **implement training** curriculum and **ongoing coaching** to ensure appropriate execution of services
- Continuous **quality monitoring & improvement**

SUPPORTING IMPLEMENTATION & SUSTAINABILITY

Adoption & Implementation



Service Delivery & Sustainability



The presentation will be available at the My Choice Louisiana website located at: <https://ldh.la.gov/MyChoice>

Feedback / Questions can be directed to MyChoiceLA@LA.GOV, please reference Crisis Implementation Plan in the subject line